

PTO/SB/01A (08-03).

Approved for use through 10/31/2002. OMB 0651-0032.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION
USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	METHOD AND DEVICE FOR SWITCHING HYDRAULIC FLUID SUPPLIES, SUCH AS FOR A HYDRAULIC PUMP/MOTOR
---------------------------	--

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. _____, filed on _____,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application.

All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)Inventor one: Charles L. Gray, Jr. Citizen of: USSignature:  Date: 11-26-03

Inventor two: _____ Citizen of: _____

Signature: _____ Date: _____

Inventor three: _____ Citizen of: _____

Signature: _____ Date: _____

Inventor four: _____ Citizen of: _____

Signature: _____ Date: _____

☐ Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: P.O. Box 1450, Alexandria, VA 22313-1450.

Docket No. 310121.411

434920_1.DOC

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ELECTION AND POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Charles L. Gray, Jr.
	Title	METHOD AND DEVICE FOR SWITCHING HYDRAULIC FLUID SUPPLIES, SUCH AS FOR A HYDRAULIC PUMP/MOTOR
	Art Unit	
	Examiner Name	
	Attorney Docket Number	310121.411

I hereby appoint:

☒ Practitioners at Seed IP Law Group PLLC, Customer Number: **34212**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

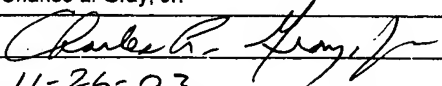
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ As assignee of record of the entire interest I/we hereby elect, under 37 C.F.R. § 3.71, to prosecute the application to the exclusion of the inventor(s).**SIGNATURE of Applicant or Assignee of Record**

Name	Charles L. Gray, Jr.
Signature	
Date	11-26-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 form is submitted.